

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. EH

Article Addressed to:

Robert + Constance Hicks  
555 Asset Parkway  
Sanford, NC 27332



9590 9402 8519 3186 8221 42

2. Article Number (Transfer from service label)

7019 2970 0000 1863 1945

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

ROBERT L HICKS +

C. Date of Delivery

6 AUG 25

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ Agent☐ Addressee☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

sured Mail

sured Mail Restricted Delivery

ver \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



GREENSBORO NC 270  
PIEDMONT TRIAD AREA  
7 AUG 2025 PM 2 L



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

1775★2025

9590 9402 8519 3186 8221 42

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SECTION  
307 W. CORNELIUS HARNETT BOULEVARD  
LILLINGTON, NC 27546

